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**FEC
FORM 3X**

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVE°
2013 FEB -6 PM 12: 13
Office Use Only CENTER
FEC MAIL CENTER

| 1. NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |

AnniePAC

ADDRESS (number and street) ▼ | 1 Park Row, 5th Fl

Check if different than previously reported. (ACC) | Providence | RI | 02903 |-

2. **FEC IDENTIFICATION NUMBER ▼**   CITY ▲   STATE ▲   ZIP CODE ▲

C   C00540062

3. IS THIS REPORT   **X** NEW (N)   **OR**   AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

　April 15
　Quarterly Report (Q1)

　July 15
　Quarterly Report (Q2)

　October 15
　Quarterly Report (Q3)

X January 31
　Year-End Report (YE)

　July 31 Mid-Year Report (Non-election Year Only) (MY)

　Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)　　May 20 (M5)　　Aug 20 (M8)　　Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)　　Jun 20 (M6)　　Sep 20 (M9)　　Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)　　Jul 20 (M7)　　Oct 20 (M10)　　Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)　　General (12G)　　Runoff (12R)

Convention (12C)　　Special (12S)

Election on   M M / D D / Y Y Y Y   in the State of

(d) 30-Day POST-Election Report for the:

General (30G)　　Runoff (30R)　　Special (30S)

Election on   M M / D D / Y Y Y Y   in the State of

5. Covering Period   M M / D D / Y Y Y Y   12 08 2012   through   M M / D D / Y Y Y Y   12 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Emily Smith

Signature of Treasurer   *Emily Smith*   Date   M M / D D / Y Y Y Y   01 31 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| Office Use Only | | | | | | | | | **FEC FORM 3X** Rev. 12/2004 |

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